Primary health care

Alberta
HEALTH AND WELLNESS

Fall 2004

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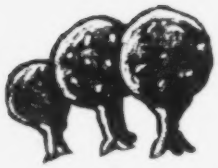

What is primary health care?

Primary health care starts with a person's first contact with the health system. Usually, but not always, that is with a family physician.

Primary health care may include services like: health promotion, disease prevention, screening tests and examinations, rehabilitation therapy, nutritional and psychological counseling. That means a variety of professionals, including nurses, pharmacists, dieticians, counsellors, rehabilitation therapists and social workers — in addition to physicians — provide primary care.

Our goal for primary health care

Alberta is improving Albertans' access to primary health care by changing how these services are organized, funded and delivered. Our goal is to make it easier for Albertans to receive the health services they need at the right time, in the right place and from the right provider.

Primary health care

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Moving primary health care forward

1. Alberta innovations in primary health care

Since 1998, Alberta allocated $54 million to 66 projects that explore innovative ways to improve primary health care by:

- Improving access to services.
- Increasing health promotion and improving management of chronic diseases such as arthritis, heart disease and asthma.
- Creating teams of health providers to work with Albertans to better manage their health.
- Linking family physicians and other providers with the health services Albertans need.

2. HealthLink Alberta

Primary health care can start with the phone or Internet. Since June 2003, all Albertans have access to HealthLink Alberta, a 24-hour province-wide telephone service. Specially trained nurses provide advice and information about health concerns, and direct Albertans to appropriate community services and information. It is expected HealthLink Alberta will receive about one million calls annually. In addition, Albertans can access two websites — InformAlberta and Your Health — through www.health.gov.ab.ca

3. Local Primary Care Initiatives

Under a new agreement, Alberta Health and Wellness, the Alberta Medical Association and regional health authorities have a new initiative to improve primary care. Groups of family physicians and health authorities together will form Local Primary Care Initiatives to provide primary care services to specific groups of individuals. Up to 12 Local Primary Care Initiatives will be implemented in 2005, serving about a half-million Albertans.

To be approved, Local Primary Care Initiatives must show they will:

- Give more people access to a primary care physician.
- Manage access to appropriate services 24 hours a day, seven days a week.
- Improve care, with more health promotion, disease and injury prevention, and better care for complex or chronic health needs.
- Better co-ordinate with other health services.

NATASHA'S STORY

During a routine visit to her community health care centre, Natasha tells the nurse practitioner she feels depressed and is having difficulty coping with her daughter's asthma and her son's behavioural problems. The nurse practitioner refers the daughter to the centre's respiratory therapist to help her manage her asthma. The respiratory therapist learns the family has a poor diet, and calls in the centre's dietician. Noting the family is living on a small income, the dietician contacts the centre's social worker who helps Natasha and her husband manage their financial resources more effectively. Over the next several visits to the health centre, Natasha also gets help from a mental health nurse to deal with her depression and her son's behavioural problems.

Evaluating primary health care services in Alberta

Alberta Health and Wellness will monitor the overall improvements in primary health care for Albertans in several ways. For example:

A. **Accessibility:** How easy is it to obtain health services or advice? Do you have a family doctor?
B. **Acceptability:** Are you satisfied with the health services you have received?
C. **Effectiveness:** Are primary health care services having an impact on prevention, promotion and community-based care?

Over time we expect to develop better and more complete information to assess these aspects of primary health care.

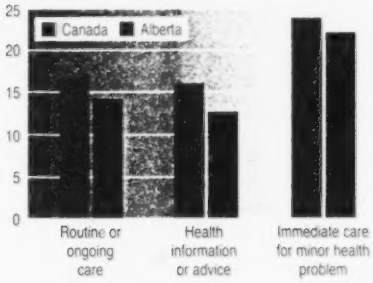
A. Accessibility

Routine or ongoing care can include an annual check up, blood pressure tests, or routine care for a chronic condition. Statistics Canada reports 13.9 per cent of Albertans had difficulty accessing these services, compared to the Canadian average of 16.4 per cent.

Health information or advice is available from a medical or health professional, the HealthLink line, or its related websites. Statistics Canada reports 12.4 per cent of Albertans had difficulty accessing health information or advice, compared to the Canadian average of 15.8 per cent.

Immediate care for a minor health problem may be provided in a physician's office or hospital. Statistics Canada reports 22.1 per cent of Albertans had difficulty accessing immediate care for minor health problems, compared to the Canadian average of 23.8 per cent.

Percentage of Population Who Had Difficulties Accessing:



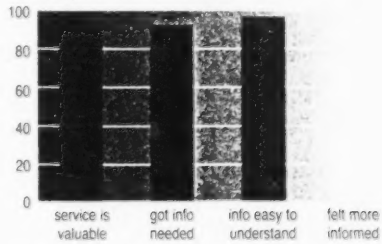
Source: Statistics Canada

B. Acceptability

HealthLink Alberta has provided information and advice to Albertans 24 hours a day, seven days a week, since June 2003. Callers report they are comfortable discussing their health issues with HealthLink nurses and have confidence in the information and advice they receive.

An independent survey of Albertans who used HealthLink Alberta between January 1 and February 28, 2004 rated the service very highly.

HealthLink Alberta Client Survey
2004 (per cent of callers)



Source: Alberta Health and Wellness

A Statistics Canada survey showed 82.7 per cent of Albertans were satisfied with all types of telephone health advice and information. While these surveys asked different questions, the results of both show most Albertans feel high quality information and advice on health is available by phone.

Satisfaction with other services was assessed by a Statistics Canada survey in 2003. Overall, 83.3 per cent of Albertans report being satisfied with the services they received in the past 12 months. Specific results show Albertans have very high levels of satisfaction (90.3 per cent) with their most recent family doctor visit, and high levels of satisfaction with community-based care (78 per cent), which includes care in the home and in community clinics.

Percentage of Population Satisfied With:	Canada	Alberta
Most recent family doctor visit	91.4	90.3
Telephone health lines services	83.7	82.7
Community-based Health Care	83.0	78.0
Any health services received in the past twelve months	84.9	83.3

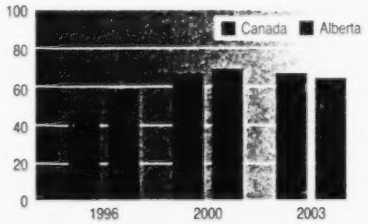
Source: Statistics Canada

C. Effectiveness

The impact of health protection and illness prevention programs delivered by primary care can be measured in part through immunization rates and participation in screening programs. Hospitalization rates can be used to assess how the primary care of chronic conditions has changed.

Influenza immunization. Influenza among seniors is a significant seasonal health problem that frequently requires hospitalization. Annual immunization programs are needed to prevent the illness, because the virus changes from year to year. Effective primary health care can deliver this immunization and improve health. The self-reported immunization rate for Alberta seniors has increased from 59 per cent in 1996 to 59 per cent in 2000 and 64 per cent in 2003.

Rate of Influenza Immunization
(per cent of seniors)



Note: Adjusted for non-response
Source: Statistics Canada

Screening programs. Regular participation in screening programs is an indication of good preventative care, an important part of primary health care. For example, regular screening for breast cancer and cervical cancer leads to early detection of disease, and more effective treatment. Statistics Canada reports that in 2001/2002, about 74 per cent of Alberta women aged 50 to 69 had a mammogram for routine breast cancer screening or diagnostic purposes. A province-wide breast-screening program is expected to increase this participation rate.

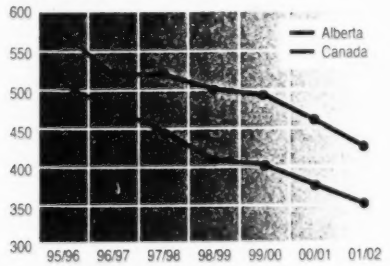
The survey also estimated 79 per cent of women aged 18 to 69 had received a Pap smear to test for cervical cancer in the previous three years. Regular testing is very effective in identifying possible cervical cancer in the early stages. Local Primary Care Initiatives are expected to place a greater emphasis on health promotion and

build a stronger relationship between primary care physicians and patients. This should encourage more women to get Pap smears.

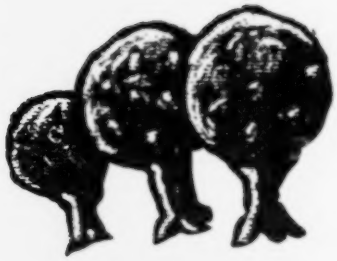
Care for chronic conditions. Better primary health care can reduce the need to treat people in hospital, and improve their overall health. One indicator of effective primary health care is the hospitalization rate for conditions that can be treated in the community. These conditions (called ambulatory care sensitive conditions) include diabetes, asthma, alcohol and drug dependency, depression and hypertensive disease.

Hospitalization to treat these conditions has decreased in Alberta and Canada over recent years – a reflection of better health service delivery at home and in the community. Alberta has a higher rate of hospitalization for these conditions compared to the national average. In part, this reflects the challenges of providing care in rural areas. More community-based primary health care is expected to reduce these hospitalization rates.

Hospitalization Rates for Ambulatory Care Sensitive Conditions
1995-1996 to 2001-2002



Source: Canadian Institute for Health Information (CIHI)



Looking ahead

This report provides a snapshot of how well Alberta is delivering primary health care. Overall, most Albertans report services are satisfactory and accessible. We will continue to monitor our progress in delivering preventative care and community-based care. We expect better results as we work with health regions and care providers to improve primary health care, and how we measure and report on it.

For more information:

Alberta Health and Wellness
Phone: (780) 427-7164
E-mail: *ahinform@gov.ab.ca*

Dial 310-000 for toll free access outside Edmonton

Access is available on-line at *www.health.gov.ab.ca*

When you see a key it means that the information is a featured indicator based on a plan for reporting comparable health indicators developed by the Federal, Provincial and Territorial Ministers of Health. The Report of the Auditor General of Alberta on the featured indicators, and an appendix including methodology and technical information is available in the *Province of Alberta's 2004 Report on Comparable Health Indicators* at www.health.gov.ab.ca/public/how_healthy.html.

Complete results and technical information for all provinces and territories will be available after December 1, 2004 on the Canadian Institute for Health Information website at: *www.cihi.com*

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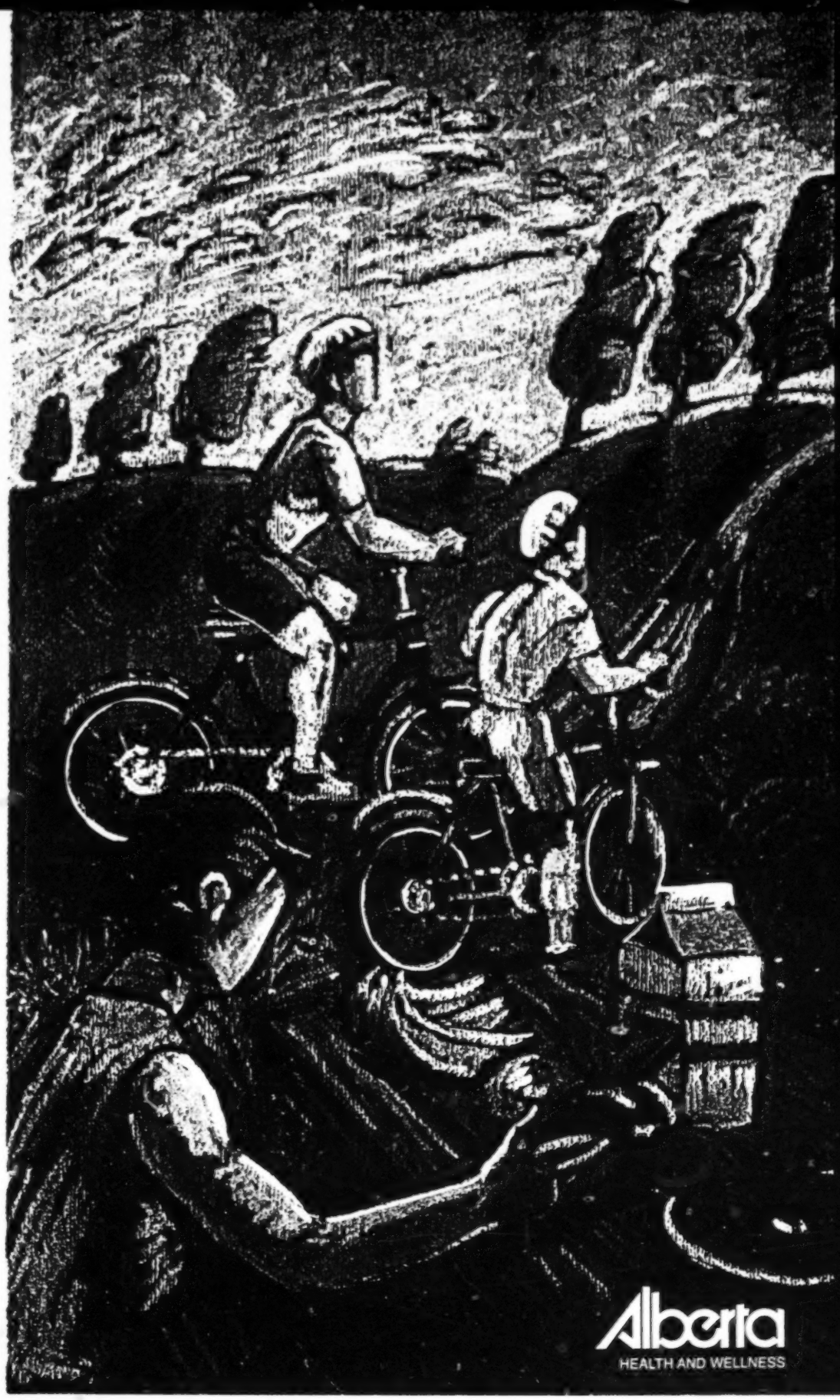
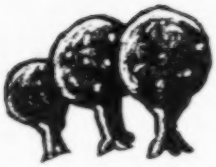


Keeping Albertans healthy

Alberta
HEALTH AND WELLNESS

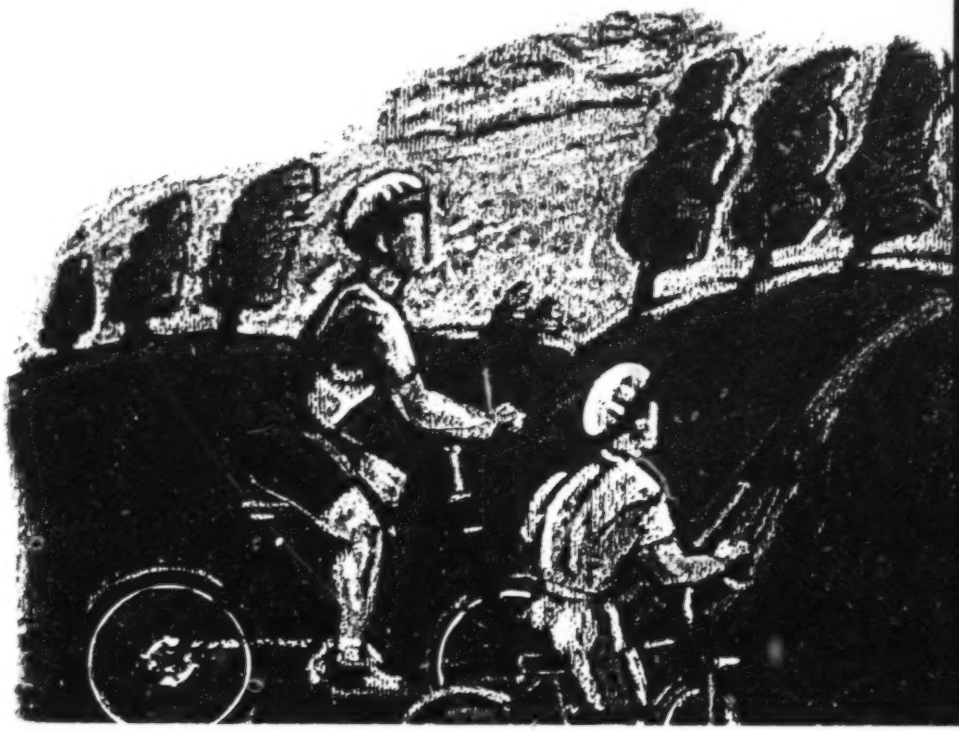
Fall 2004

How healthy are Albertans?



Health is much more than just the absence of disease or disability. It is a state of physical, emotional and social well-being. Our education, employment, income and physical environment influence our health as much or more than the quality and availability of health services. Compared to people in other provinces and in many countries, Albertans are living longer and most of our years are spent in good health.

However, some Albertans are dying from preventable causes, and not all groups enjoy optimal health. For example, First Nations communities are at greater risk of diabetes.



Keeping Albertans healthy

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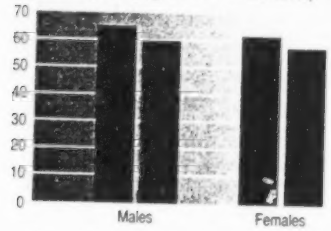
Measures of the health of Alberta's population

Life expectancy data from Alberta in 2001 showed males could expect to live 77 years, and females, 82.3 years. However, these data do not show how many of those years are lived in good health. Chronic disease, frailty and disability tend to become more prevalent at older ages, so a population with a higher life expectancy may not be healthier.

Self-rated health is a simple measure that shows how many people aged 12 and over report their health as very good or excellent. Statistics Canada shows 63.9 per cent of Albertans reported very good or excellent health in 2003, compared to 58.4 per cent of Canadians. Generally, males report slightly better health than females.

Self-Rated Health
By Gender, 2003 (percentage reporting very good or excellent)

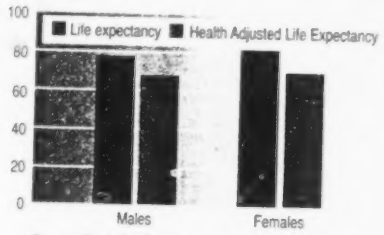


Source: Statistics Canada

Health-adjusted life expectancy is a new method that combines life expectancy and health status measures to reflect both quantity and quality in a single measure. Health-adjusted life expectancy is the number of years in good health that an individual can expect to live.

In Alberta in 2001, the health-adjusted life expectancy for men was 67.6 years (88 per cent of total life expectancy), and for women the health-adjusted life expectancy was 69.7 years (85 per cent of total life expectancy). These data show that, although women live longer, more of their life is lived in poor health.

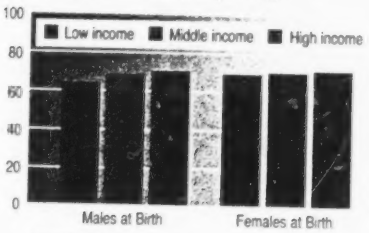
Life Expectancy at Birth in Alberta
By Gender, 2001



Source: Statistics Canada

Statistics Canada also estimated health-adjusted life expectancy for populations based on household income levels. The results show that Albertans in the lowest income group have lower health-adjusted life expectancy than Albertans in the highest income group. This gap is larger for men (almost six years) than for women (two years).

Health Adjusted Life Expectancy at Birth in Alberta
By Gender and Income, 2001



Source: Statistics Canada

The Government of Alberta is concerned about the health disparity between low and high income Albertans. Cross-ministry programs are looking at how to reduce the impact of low income on health and well-being through accessible, affordable housing; appropriate access to health services; Alberta Health Care Insurance and Alberta Blue Cross premium subsidies; the Alberta Child Health Benefit; and support for individuals with special needs.

Determinants of health and their impact on the health of Albertans

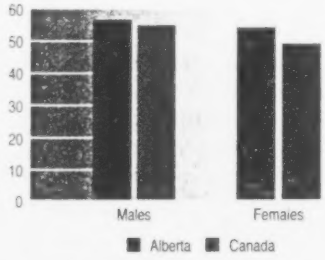
Health is influenced by gender, age, genetics, personal health practices and coping skills, social support, living and working conditions, the physical environment, income and education, and early childhood experiences. These are called the determinants of health. Some factors, such as personal health practices and coping skills, can be influenced by people's attitudes, behaviors and choices. Other factors such as gender and genetic endowment are outside a person's control.

Behaviour choices and health are linked. The most common chronic diseases such as heart disease, diabetes, cancer and chronic obstructive lung disease are often linked to a few common risk factors, such as poor nutrition, lack of physical activity, tobacco use and substance abuse. Studies show that, by consciously making healthier choices, people can improve their health and reduce the risk of chronic disease and injury.

Physical activity and food choices have a major influence on the development and progression of several chronic diseases, such as heart disease, cancer and type 2 diabetes. Studies show physically inactive people are almost twice as likely to develop heart disease compared to those who participate in regular physical activity.

Are Albertans physically active? In Alberta, 56.8 per cent of males are active or moderately active, while 54.3 per cent of females are active or moderately active. For both sexes, on average, more Albertans are physically active (55.6 per cent) than Canadians are nationally (51.7 per cent).

Leisure-time Physical Activity
2003 (per cent active or moderately active)

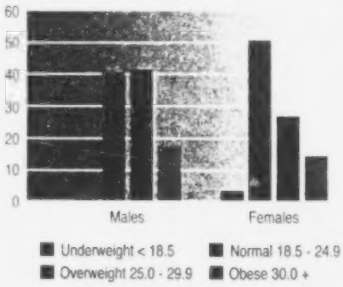


Source: Statistics Canada

Body Mass Index (BMI) is a common method of classifying body weight and healthy weight range. To calculate your BMI, divide your weight in kilograms by your height in metres squared. The BMI international standard classifies adults with a BMI between 25 and 30 as overweight, and a BMI of 30 or higher as obese.

Albertans are overweight. In Alberta, 42 per cent of males and 26 per cent of females are overweight. The rate of adult obesity in Alberta is similar to the Canadian average.

Population in Body Mass Index (BMI) Category in Alberta
By Gender, 2003 (per cent)



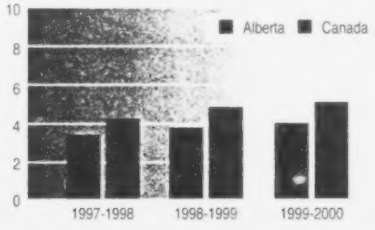
Underweight males - estimate with high variability - use with caution
Source: Statistics Canada

Diabetes

Type 2 diabetes accounts for 90-95 per cent of all cases of diabetes. Type 2 diabetes is largely preventable. Diabetes is a serious, chronic health condition and a major cause of and contributor to disease and death among Albertans. People with diabetes are 2.5 times more likely to have heart disease, 11 times more likely to have kidney failure, 17 times more likely to have an amputation, and eight times more likely to undergo bypass surgery.

Alberta's diabetes rate increased by roughly one-third (33.7 per cent) between 1990 and 2000. An estimate for 2000 shows 4.1 per cent of Albertans have been diagnosed with diabetes, slightly lower than the Canadian average. The number of Albertans living with diabetes is expected to double over the next 15 years. The prevalence rate in the First Nations population is 2.5 times higher than in the general population.

Diabetes: Age-Sex Adjusted Prevalence
Persons aged 20 and older
1997/98 to 1999/00 (per cent)



Source: Health Canada

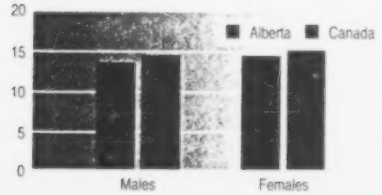
The Alberta Diabetes Strategy aims to reduce diabetes rates over the next 10 years, and help diabetics better manage their disease and avoid its complications. The strategy helps 40,000 low-income Albertans buy supplies and screens Aboriginal people living off-reserve for diabetes and its complications. The strategy also funds the $2 million *Keep Your Body in Check* information program led by the Canadian Diabetes Association, to help Albertans make lifestyle choices to prevent type 2 diabetes.

Tobacco use

Tobacco use kills an estimated 3,400 Albertans each year. It is considered the single most significant cause of preventable disease and death in Alberta. Smoking is known to cause heart disease, several kinds of cancer, including lung and cancers of the mouth, pharynx (throat), larynx (voice box) and esophagus, and is a contributing cause of cancers of the bladder, kidney and pancreas.

Teen smoking is defined as anyone between 12 to 19 years of age who has smoked at least one cigarette in the past 30 days. Smoking rates have decreased among Alberta teens. In 2003, 13.9 per cent of Alberta teens smoked compared to 17.9 per cent in 2000. In 2003, Alberta teen smoking rates were comparable to the 2003 Canadian average. At the same time 8.1 per cent of Alberta teens reported smoking daily, lower than the Canadian average of 9.1 per cent.

Teens Who Smoked at Least One Cigarette During the past 30 days
2003 (per cent)



Source: Statistics Canada

The Alberta Tobacco Reduction Strategy is a provincial government initiative launched in 2002 to reduce smoking rates and prevent young people from starting to smoke. The strategy includes:

- Prevention and education programs
- Information and public awareness campaigns
- Legislation to prevent youth from smoking
- A Smoker's Help Line to assist smokers who want to quit
- Research and evaluation.

Statistics Canada 2003 Canadian Community Health Survey results show about 90,000 fewer Albertans smoke since the Alberta Tobacco Reduction Strategy was introduced.

Improving healthy behaviours and preventing chronic disease

The leading causes of death and disability in Alberta are chronic diseases like heart disease, diabetes and cancer, and preventable injuries. Preventable disease and injury drive up health care costs while they lower productivity and quality of life.

Helping Albertans stay healthy is an important goal in the government's health business plan to 2007. Although it may take 20 or more years to reduce preventable disease and injury, we are starting now with a number of strategies that encourage healthy behaviour.

Framework for a Healthy Alberta, a cross-ministry initiative led by Alberta Health and Wellness approved in 2003, has set 10-year objectives and targets to improve healthy behaviours and reduce the rate of preventable chronic diseases. Our success in reducing chronic disease will be dependent upon how successful we are in improving healthy behaviours over the next decade.

Healthy U was launched in January 2003 to encourage Albertans to include healthy eating and regular physical activity in their lives. *Healthy U* includes TV and radio ads, an informative website and the *Healthy U* Crew. The crew is a team of energetic young Albertans who travel to summer events to promote healthy eating and physical activity. As well, the *Healthy U @ Work* program helps employees include physical activity and healthy eating in their workday while the *Community Choosewell Challenge* engages communities.

More information is available at www.healthyalberta.com.

The Alberta Healthy Living Network is an alliance of more than 200 organizations that aims to provide provincial leadership in promoting health and preventing chronic disease in Alberta. Alberta Health and Wellness is proud to be a member. The network has been designated a demonstration site for the World Health Organization Countrywide Integrated Non-communicable Disease Intervention (CINDI) Program.

Mike is a busy father of three who works long hours and hasn't always made time to eat well or exercise regularly. Last year when he visited his physician for a regular check-up, Mike found out his cholesterol level was too high and he was at risk of a heart attack. His physician recommended Mike visit Alberta's Healthy U web site for some pointers on how to incorporate healthy choices into his busy lifestyle. Mike now includes healthy eating and regular exercise as part of his daily routine. His cholesterol is back to normal and he has more energy at the end of the day for his children.

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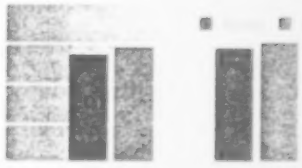

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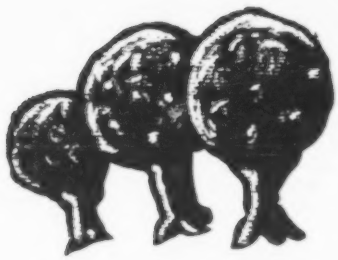

Looking ahead

Albertans can take responsibility for their health by making good personal choices and participating in initiatives that create healthy communities. Alberta Health and Wellness is taking steps to protect Albertans' health and encourages everyone to make better daily decisions about eating and physical activity. Over the next few years we expect to see improvement in the health of Albertans.

For more information:

Alberta Health and Wellness
Phone: (780) 427-7164
E-mail: *ahinform@gov.ab.ca*

Dial 310-000 for toll free access outside Edmonton

Access is available on-line at *www.health.gov.ab.ca*

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Alberta
HEALTH AND WELLNESS

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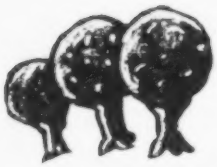
Improving health care quality

Alberta
HEALTH AND WELLNESS

Fall 2004

Improving health care quality



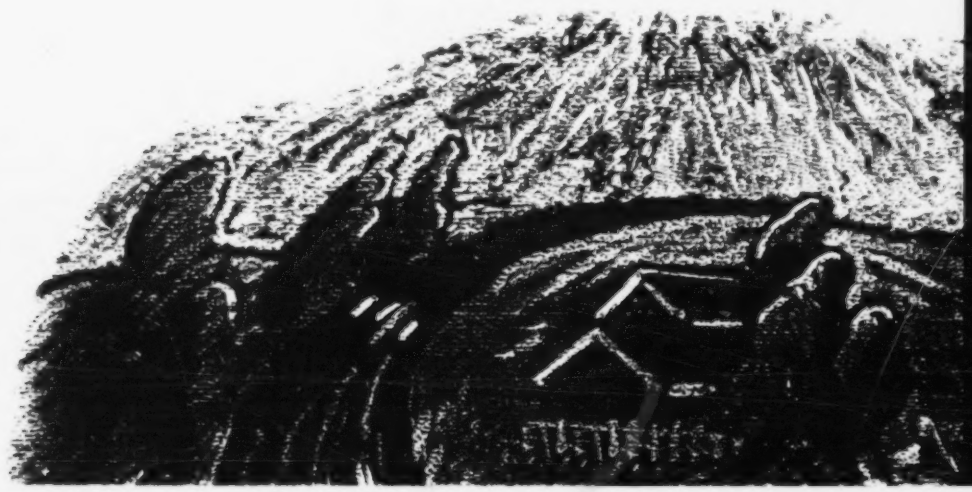
Quality health care is important to Albertans. We are fortunate to have a strong health care system that delivers safe and effective care to patients on a daily basis.

Alberta Health and Wellness works closely with its partners in the health regions and health professions, as well as with many other stakeholders, to continually improve the quality of care and services provided to Albertans.

Alberta has developed a six-part quality framework to monitor and assess the quality of our health services. This framework will guide the search for new ways to improve the health care system.

Alberta's quality dimensions

Accessibility	Health services can be easily obtained in the most suitable setting in a reasonable time and distance.
Acceptability	Health services are respectful and responsive to user needs, preferences and expectations.
Appropriateness	Health services are relevant to user needs and are based on accepted or evidence-based practice.
Effectiveness	Health services are provided based on scientific knowledge to achieve desired outcomes.
Efficiency	Resources are optimally used in achieving desired outcomes.
Safety	Risks are mitigated to avoid unintended or harmful results.



Fall 2004

Making quality count

Alberta Health and Wellness develops and reports on measures related to the quality of health services Albertans receive. The data are based on health outcomes and the overall satisfaction with health service.

These findings help health care professionals, administrators and the ministry to evaluate our health system and plan innovative new ways to improve health services.

The Minister of Health and Wellness has a role in leading the health system to deliver high quality health services, to monitor performance and to report to Albertans. This report supports the minister's accountability for health system quality.

Some indicators of quality

Acceptability of health care services received

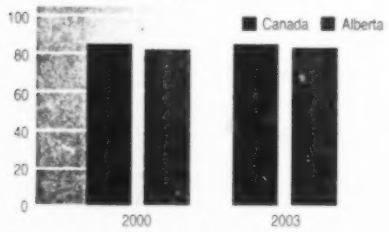
Albertans generally are satisfied with the health care services they receive with rates similar to the national average.

Individuals 15 years of age and over who received health care services over a 12-month period were asked to rate their satisfaction with the care they received.

In 2003, 84 per cent of patients were very or somewhat satisfied with health care services.

Seniors have even higher rates of satisfaction – 91 per cent of patients between the ages of 65 and 74 responded they were very or somewhat satisfied with health care services.

Patient Satisfaction with Health Care Services Received
(percentage reporting very or somewhat satisfied)



Source: Statistics Canada

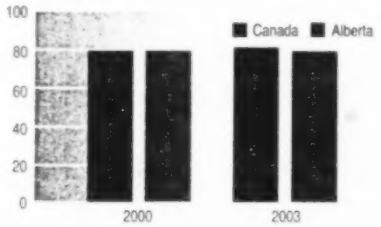
Satisfaction of hospital care received

Albertans were satisfied with the quality of hospital care they received.

People also were asked to rate their satisfaction with hospital care they received – in 2003, 80 per cent of patients were very or somewhat satisfied, similar to the national average.

Seniors have high rates of satisfaction with the hospital services. Ninety per cent of patients between the ages of 65 and 74 were very or somewhat satisfied with the hospital care they received.

Patient Satisfaction with Hospital Care Services Received
(percentage reporting very or somewhat satisfied)



Source: Statistics Canada

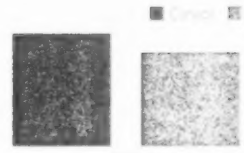
Access to prescription drugs

Access to health care services is more than visits to the doctor and traditional hospital services. Prescription drugs have become a major component of health care, and some treatments can be very expensive.

In 2002, Alberta households spent less on prescription drugs than most Canadians. Statistics Canada estimates that less than 2.5 per cent of Alberta households spent more than 5 per cent of their income after taxes on prescription drugs.

The low spending rates could be due to the fact that Albertans are younger compared to the national average and enjoy one of the highest average household incomes. As well, 73 per cent of Albertans have insurance coverage for prescription drugs through either a public or private plan.

Spending on Prescription Drugs
(percentage of households spending over 5 per cent of income)



Source: Statistics Canada

JOAN'S STORY

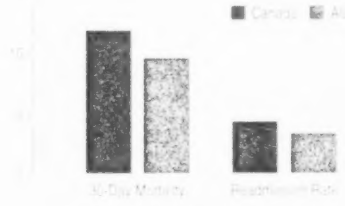
Joan is a single mother of two children with an income of $26,000. She is suffering from a sore throat and her physician prescribes a certain medication to treat the infection. Because Joan and her children qualify for a partial subsidy under the Alberta Blue Cross non-group plan, she pays reduced monthly premiums for drug coverage. When Joan goes to fill her prescription, she hands the pharmacist her Alberta Blue Cross card and is charged only 30 per cent of the cost of the prescription to a maximum of $25.

Health care effectiveness

Alberta is constantly working to make health care more effective. The positive results for patients who suffer a heart attack are one example of the effectiveness of our health services and programs.

Alberta has one of the lowest in-hospital mortality rates and hospital re-admission rates for patients following a heart attack. These rates can be attributed to the quality of first response care provided by emergency medical staff in the ambulance and hospital emergency care. This is followed by advanced diagnostic services and quality hospital care. As well, patients receive on-going follow-up care and rehabilitation from physicians, home care workers and other health professionals. These results indicate our health professionals and health system managers are providing highly effective care to Albertans.

In-Hospital 30-Day Mortality Rate and Readmission to Hospital Following a Heart Attack
(percentage of the population)



Source: Canadian Institute for Health Information

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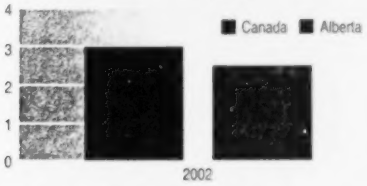

Source: Statistics Canada

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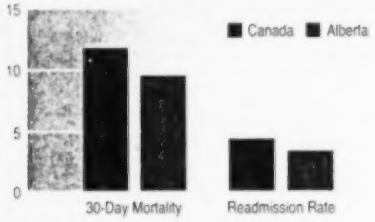


Source: Canadian Institute for Health Information

Patient safety

Patient safety is a fundamental part of quality health care. Errors can be reduced by establishing quality assurance processes that assess risk, monitor errors and mistakes, develop better ways to provide service, and improve communication on safe practices.

Alberta has established a number of initiatives to improve patient safety:

- Health regions participate in a patient safety accreditation process led by the Canadian Council on Health Services Accreditation.
- The College of Physicians and Surgeons of Alberta accredits facilities for safety.

- Health regions continue to develop regional policies to increase patient safety.
- Educational and professional development programs are offered to health care workers. These programs focus on safe and effective practices, management reviews, and a team approach to practice to reduce the human error.
- Alberta supports the work of the Canadian Patient Safety Institute.

The **Canadian Patient Safety Institute** is a non-profit organization that provides leadership to improve patient safety and health care quality in Canada.

The institute promotes best practices and provides advice to governments, stakeholders and the public on strategies to improve patient safety. The institute works with national networks and experts and is supported by a secretariat located in Edmonton.

More information about the Canadian Patient Safety Institute is available at: www.cpsi-icsp.ca

Partners in quality

High quality health care is accomplished through the shared daily responsibility of patients, health care providers, health regions, government and the public.

Health professionals provide treatment and also advice, care and education. They are strong advocates for patient interests. Health professionals must also meet practice and education requirements set out by their regulatory colleges and satisfy their employers about the quality of services they deliver.

The **Health Quality Council of Alberta**, established in February 2004, reports directly to Albertans on the quality and performance of health services. The council identifies best practices, and reviews and monitors health care quality issues including access and patient safety.

The council works closely with the Canadian Patient Safety Institute, and collaborates with other provincial bodies that address quality and patient safety.

In the fall of 2004, the Health Quality Council of Alberta will release the results of its latest public survey about Albertans' satisfaction on how patient complaints are resolved and how well medical errors are being managed.

More information about the Health Quality Council of Alberta is available at: www.hqca.ca

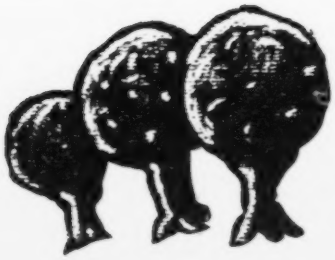
Health authority boards are responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Health authorities allocate resources and co-ordinate and provide services to residents in their regions and to all Albertans.

Quality initiatives underway in the regions include:

- Establishing a clear process to address patient complaints or concerns.
- Continually working to improve patient safety and quality of care.
- Asking Albertans about the quality of services and care they receive.
- Working with the Health Quality Council of Alberta on its quality initiatives.

The **Health Facilities Review Committee** monitors the quality of care, treatment and standards of accommodation provided to patients and residents in health care facilities. The committee inspects health facilities such as hospitals and nursing homes. It investigates complaints about the care and treatment of patients and the standards of accommodation.

More information about the Health Facilities Review Committee is available at: www.health.gov.ab.ca/about/HFRC



Quality is everyone's business

In response to annual surveys, almost 80 per cent of Albertans say they have no complaints with the health services they received last year. Of those who expressed a concern, around 5 per cent reported their issues to someone, most frequently to their health service provider.

Albertans can use the six dimensions of quality to identify the key questions to ask about health service quality:

Accessible: Do I need a health service? Has my need for service been assessed fairly? Can I receive the needed service when I need it?

Appropriate: Is this the right service to meet my needs? Are there alternatives?

Acceptable: Am I being treated with respect and understanding? Is my health condition and treatment explained to me in ways I can understand?

Efficient: Is the health system making the best use of time and money?

Effective: Does the treatment or service improve or maintain my health?

Safe: Was I informed of the risks associated with the treatment? Did I feel safe?

Making the right decisions about health care is a shared responsibility among Albertans, health care providers and government.

For more information:

Alberta Health and Wellness
Phone: (780) 427-7164
E-mail: *ahinform@gov.ab.ca*

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Improving access to health services

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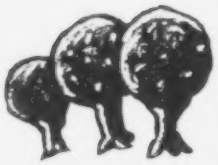


Albertans have said that wait times for services is their number one concern for the health care system.

Many people experience long waiting periods to be assessed by a specialist, followed by another wait to receive a surgery or procedure. This problem is not unique to Alberta, it is happening in most other Canadian provinces.

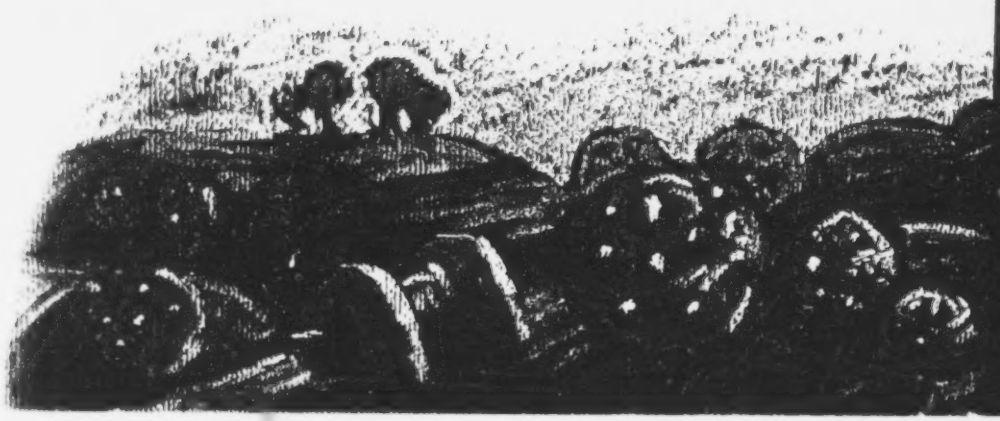
How long do Albertans wait for selected health services?

Wait lists and wait times

Health facilities and physicians maintain wait lists for patients requiring non-emergency surgery or diagnostic tests. The wait time is measured from when a procedure is determined to be necessary until when it is actually performed.

The growing number of Albertans over the age of 65 has a major impact on wait lists. As our population ages, the incidence of chronic diseases such as cardiovascular disorders, joint disorders, diabetes, arthritis, and mental health problems increases. This leads to a greater demand for diagnostic imaging, specialist assessments, and treatments for both acute and chronic conditions.

By 2010, it is estimated there will be more than 398,000 Albertans over the age of 65, an increase of 28 per cent compared to 2004. Based on these figures, it is expected that the demand for services will increase and wait lists will continue to be a concern.



Fall 2004

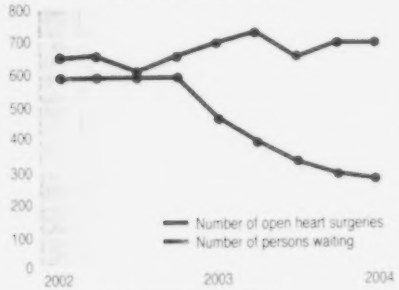
Open-heart surgery

Alberta has been successful in reducing wait times for heart surgeries provided in Calgary and Edmonton. The number of people waiting for open-heart surgery has decreased by 55 per cent over the past two years. As well, over the past year, the median wait time for urgent outpatient and planned outpatient surgeries has decreased by 64 and 66 per cent respectively.

The Ministry has identified provincial targets of a one-week wait for inpatients urgently needing heart surgery and a six-week wait for outpatients with a less urgent need for planned surgery. Both Calgary and Edmonton are at, or close to, the one-week target and are approaching the six-week target.

Changes in management of care for heart disease, including new methods of treatment, have been implemented to reduce wait times for heart surgery. These changes mean that some patients who would have received heart surgery in the past are now being successfully treated by other means. The result is that patients in need of heart surgery now face shorter wait times.

Open Heart Surgery
by Quarter
Jan-Mar 2002 to Jan-Mar 2004



Source: Alberta Health and Wellness

Median Wait Times in Weeks for Open Heart Surgery
by Urgency, by Quarter
Jan-Mar 2002 to Jan-Mar 2004

Source: Alberta Health and Wellness

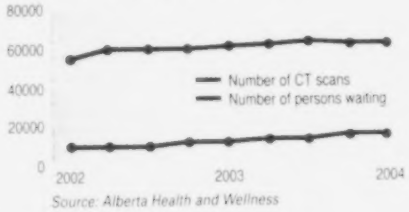
Diagnostic Imaging (CT and MRI) scans

The average provincial wait time for a CT scan is approximately nine weeks and an MRI is approximately 18 weeks. Specific wait times vary for each procedure depending on urgency and location. Any patient requiring an emergency CT scan or MRI will receive one without delay.

According to Statistics Canada, in 2003, 55 per cent of Albertans waiting for diagnostic tests (including MRIs and CT scans) reported waiting less than one month and 90 per cent reported waiting less than three months.

The number of persons waiting for CT scans has increased slightly during 2003/04. The overall number of scans performed has also increased in that time.

CT Scans
by Quarter
Jan-Mar 2002 to Jan-Mar 2004

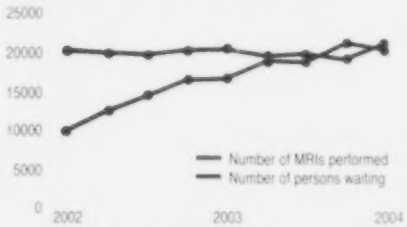


Source: Alberta Health and Wellness

The number of persons waiting for MRI scans in Alberta increased in 2003-04, though the rate of this increase appears to be slowing.

As of January 2003, Alberta had the highest availability of MRI scanners in Canada with 7.3 machines per million people. However, MRI scans are now more frequently used for a greater variety of diagnostic procedures. This increasing demand combined with the aging population has led to an increase in the number of people waiting for an MRI scan.

MRI Scans
by Quarter
Jan-Mar 2002 to Jan-Mar 2004



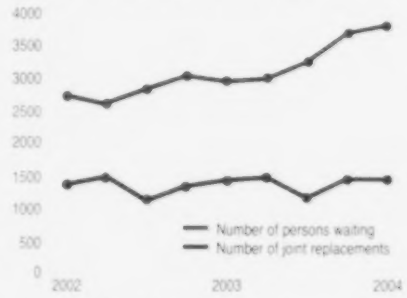
Source: Alberta Health and Wellness

Major joint replacements

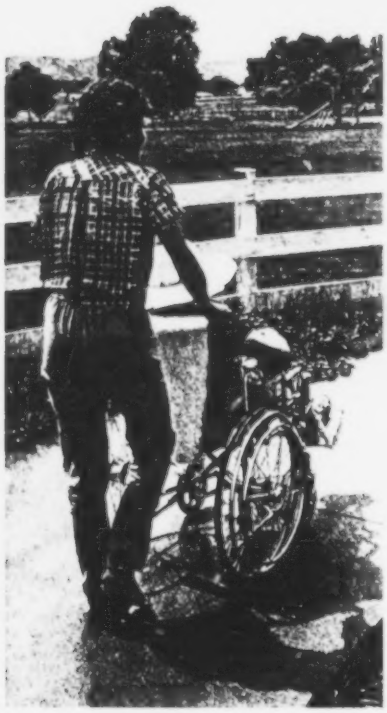
Alberta has identified a provincial target of a four-month wait for major joint replacement surgery. All of the health regions that perform these surgeries are close to meeting this target. As of March 2004, the average wait in Alberta was five months. Specific wait times will vary depending on urgency and location.

While the number of persons waiting for hip or knee replacement surgery has increased over the past two years, the average waiting time has not changed considerably. The current capacity is keeping up with the increased demand and there has been little impact on the length of the wait time for these surgeries. Over the past two years the waiting time has varied between 4.5 to 5 months.

Major Joint Replacement Surgery
by Quarter
Jan-Mar 2002 to Jan-Mar 2004



Source: Alberta Health and Wellness



Specialized services – reported wait times

A survey conducted by Statistics Canada found waiting times in Alberta for specialized services are very similar to the Canadian average. About 50 per cent of Albertans surveyed reported waiting less than one month for elective surgery, diagnostic tests, or a visit to a specialist. Approximately 90 per cent of Albertans reported receiving service within three months for non-emergency surgery, a specialist physician visit, or diagnostic tests.

People Waiting For Health Services
Household Population aged 15 and Over
Alberta and Canada, 2003

	Canada	Alberta
	2003	2003
Selected Diagnostic Tests		
Waiting time less than 1 month	57.5%	55.0%
Waiting time 1 to 3 months	31.1%	34.5%
Waiting time longer than 3 months	11.5%	10.5%[1]
Median wait time (weeks)	3.0[1]	3.0[1]
Specialist Visit		
Waiting time less than 1 month	47.9%	51.1%
Waiting time 1 to 3 months	40.7%	37.3%
Waiting time longer than 3 months	11.4%	11.6%
Median wait time (weeks)	4.0[1]	3.0[1]
Non-Emergency Surgery		
Waiting time less than 1 month	40.5%	49.2%
Waiting time 1 to 3 months	42.1%	37.8%
Waiting time longer than 3 months	17.4%	13.0%[1]
Median wait time (weeks)	4.3	4.0[1]

E - Estimate has high variability – use with caution
Source: Statistics Canada

What affects wait lists?

Wait lists can occur when the demand for a specialty service is greater than the ability of the health system to provide the service.

Demand for service increases when new and improved treatments or diagnostic tools are approved for common diseases or conditions. It takes time for professionals to receive training on the new technologies, additional time and resources must be allocated and new equipment purchases must be financed.

The number of health care professionals, specialists, and technicians that are trained also affects how quickly the health system can meet the demand for a new service. Many of Alberta's health care professionals are nearing retirement. If these professionals are not replaced as they retire it will lead to a shortfall of trained staff and result in longer waiting times.

How is Alberta addressing wait lists now?

Alberta is working to improve access to health care services. Improving access to MRI and CT scans, major joint replacement surgery, open heart surgery and angioplasty, breast and prostate cancer treatment, and children's mental health services are initial priorities. The government is working together with health professionals and health authority staff to evaluate how each service is currently provided to find ways to redesign service delivery for greater efficiency, and develop specific guidelines for access.

Since October 2003, Albertans have had online access to wait times for a variety of procedures through the **Alberta Waitlist Registry**. The registry shows patients and physicians wait time information for selected surgeries and procedures available across the province.

Over the past four years, Alberta has added more than 2,100 additional post-secondary education seats in the health professions. This is expected to translate into an increased number of health care professionals entering the workforce at a time when the number of retirements is expected to rise.

The **Alberta Electronic Health Record** is a clinical health information system that links physicians, pharmacists, hospitals, home care and other health care providers across the province. The Electronic Health Record stores pertinent patient information online to allow health care providers to access a patient's prescription history, allergies and laboratory test results immediately by computer. The result is more accurate diagnosis and treatment for better, safer patient care, and improved access through efficient service delivery.

Since its launch in October 2003, more than 5,000 health care providers have signed-up to use the Electronic Health Record system.

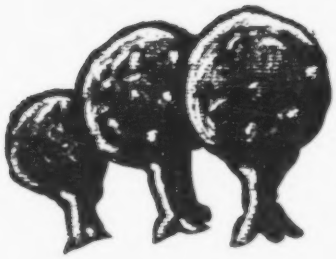
Rural Albertans have greater access to specialist services through **Telehealth**. With videoconferencing and specialized medical instruments, patients at remote locations can be examined or monitored as if they were in the same urban facility as their specialist.

Telemental Health uses videoconferencing to provide access to mental health services for Albertans in rural areas, and Telehealth provides speech therapy to patients outside major centres. Other services include a tele-homecare program for Calgary health region patients with defibrillators and a program to screen for strokes with a virtual clinic that allows neurologists in Edmonton to make decisions with local physicians in rural and remote communities.

The videoconferencing service links 230 sites throughout Alberta, as well as 25 tele-radiology locations.

WALTER'S STORY

Walter has been referred by his family doctor for an MRI and wants to book him to have the service in Edmonton. Walter, who lives in Wetaskiwin, checks the Waitlist Registry for the wait time in Edmonton. He finds he might be able to get the service more quickly in Red Deer. He discusses the option with his physician and together they decide to re-schedule his MRI in the Red Deer facility.



Looking forward

On June 30, 2004 the Alberta government announced a health renewal strategy to improve health service access and quality. The investment will improve access to health services by:

- Increasing orthopedic surgeries by 1,200
- Reducing wait times for certain heart surgeries to two weeks
- Funding health facilities in rural Alberta, including community support for seniors
- Fast-tracking additional hospital beds in the Calgary and Capital regions
- Accelerating the planning and design of the South Calgary Hospital
- Eliminating health authority deficits to help regions to better meet patient needs.

Work continues to establish reasonable and achievable access standards for the following priority health services:

- Diagnostic imaging (MRIs and CT scans)
- Major joint replacements
- Adult open-heart surgery and angioplasty
- Breast and prostate cancer treatment
- Children's mental health services

The job of providing the most efficient delivery of essential health services is ongoing. Alberta will continue to look for ways to improve the delivery of vital health care services to keep wait times to a minimum.

For more information:

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Alberta
HEALTH AND WELLNESS

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Health care in Alberta: Strong today, stronger tomorrow

Building on our strengths: We have invested in changes that will result in a stronger health care system for tomorrow

Albertans enjoy a high standard of health supported by a quality health care system.

Recent achievements have helped us reach this high standard. A first-time agreement among doctors, government and regional health authorities is leading to better ways to meet patient needs.

The *Healthy U* campaign is helping Albertans to make healthy choices and stay active, and the province-wide Health Link Alberta line has responded to more than one million calls for health information and advice.

We've launched a leading edge electronic health record system and a wait list registry for selected surgical and diagnostic procedures.

But keeping a high standard means making continual improvements and investments.

Albertans to appropriate health services in their community.

Our progress on health renewal – taking action to improve our health care system and keep Albertans healthy

1. Primary health care – the right care from the right provider at the right time
2. Keeping Albertans healthy
3. Improving health care quality and efficiency
4. Improving access to health services

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1. Primary health care – the right care from the right provider at the right time

Health care renewal means finding the most effective and innovative ways to deliver care.

Alberta is working to improve the way Albertans interact with their family physicians and other health professionals through fundamental changes to the organization, funding and delivery of primary health care services. The overall objective is to improve access, accountability and integration of health services. Over the past five years Alberta has broken new ground in opportunities to expand and improve primary health care.

WHAT WE'VE DONE

Health Link Alberta

More than a million Albertans called Health Link Alberta last year for 24-hour telephone health advice and information.

Specially trained registered nurses provide health information and advice and direct Albertans to appropriate health services in their community.

Health Link Alberta is also supported by two websites – InformAlberta and HealthLink – to help Albertans find reliable health information and services in their own health regions and communities.

First ever tri-lateral agreement for physician services, primary health care

Alberta is the first province in Canada to negotiate a fundamental change in how physicians, health regions and government work together.

The eight-year agreement, in place until March 31, 2011, will lead the future of primary health care in Alberta, one of the key recommendations of the Premier's Advisory Council on Health.

The agreement includes new ways of paying physicians, and delivering patient care through initiatives like primary care, physician on-call programs and computerizing paper-based physician offices.

Alberta

Local primary care initiatives

Primary health care is that all-important first point of contact a patient has with the health system.

The tri-lateral agreement provides incentives to health regions and physicians to develop local primary care initiatives to improve access to basic health care services. A local primary care initiative is a formal arrangement between a group of physicians and their regional health authority to provide a comprehensive list of primary health care services to a specific group of patients.

These services include basic care through a family physician, psychological counseling, screening for chronic disease, family planning, well-child care and geriatric care.

Eleven proposals that would involve nearly 300 physicians providing 24-hour primary health care to more than 500,000 Albertans have already been approved.

Making the best use of health care professionals

The *Health Professions Act* (HPA) establishes common rules for the governance, regulation and discipline of all regulated health professions in Alberta.

Once all regulations are approved, the HPA will govern 30 health professions through 28 regulatory colleges.

This legislation and its regulations will allow for the expansion of the role of health providers and make the most effective use of their skills. For example, licensed practical nurses now give vaccinations and injections, previously done by registered nurses and physicians.

2. Keeping Albertans healthy

The way we live our lives helps to determine our health.

Many chronic diseases that reduce our quality of health and increase health care costs are preventable.

We are taking steps to not only protect the health of Albertans, but also encourage Albertans to take greater personal responsibility for their own health. More people following healthier lifestyles will lead to a healthier population and reduce the demand on our health care system.

WHAT WE'VE DONE

Smoking rates on the decline

Statistics Canada 2003 Canadian Tabacco Use Monitoring Survey results show about 100,000 fewer Albertans now smoke since the Alberta Tobacco Reduction Strategy was introduced in March 2002.

The tobacco reduction strategy includes:

- cessation programs for adults and youths
- prevention and education programs
- information and public awareness campaigns
- legislation to prevent youth from smoking
- a Smoker's Help Line to assist smokers who want to quit
- research and evaluation.

New health targets

Healthy U information campaign challenges Albertans to follow healthy lifestyles

Since January 2003, *Healthy U* has encouraged Albertans to include healthy eating and regular physical activity in their lives and reduce their risk of chronic disease.

Healthy U has included TV and radio ads, an informative website and a *Healthy U* Crew, a team of energetic young Albertans who travel to summer events to promote healthy eating and physical activity.

The Community Choosewell Challenge, another fun and friendly *Healthy U* initiative, encourages Alberta communities to accept the challenge of eating healthy and being physically active.

Preventing diabetes

About 120,000 Albertans live with diabetes. Each month, an additional 1,000 people are diagnosed with the disease. Ninety per cent of cases are type 2 diabetes, a chronic disease that can be largely prevented through healthy eating and active living.

A 10-year $10.5 million Alberta Diabetes Strategy was launched May 2003 to reduce type 2 diabetes and help Albertans with diabetes better manage their disease.

The strategy funds the *Keep Your Body in*

Expanded provincial immunization program

In April 2004, Alberta expanded its comprehensive province-wide immunization program to protect more people from two common communicable diseases. Hepatitis A vaccination is now included for people at high risk of complications or exposure to the disease. Vaccination for pertussis (whooping cough) is provided to 44,000 grade nine students.

Fight the Bite campaign combats West Nile virus

Spring 2004 marks the second installment of the public information program *Fight the Bite*. The campaign provides Albertans with reliable information about West Nile virus and explains the practical steps people can take to reduce their risk of becoming infected.

Alberta operates a surveillance program that detects the disease in mosquitoes, birds, horses and humans. This year the province introduced funding for municipalities to deliver mosquito control programs.

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New health targets

Alberta Health and Wellness led a cross-ministry initiative to create the Framework for a Healthy Alberta. The framework establishes targets to reduce the rate of preventable chronic diseases such as type 2 diabetes, some cancer and heart and lung disease by 2012. These targets will guide government, regional health authorities and other organizations to develop strategies and programs to promote better health, prevent injuries and cut the rates of preventable disease.

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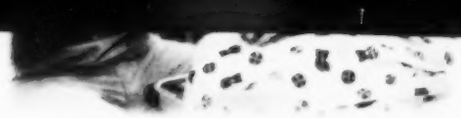
The strategy funds the *Keep Your Body in Check* information program led by the Canadian Diabetes Association to help Albertans make lifestyle choices to prevent type 2 diabetes.

The strategy provides subsidies for oral medications, insulin and diabetic supplies to help low-income Albertans control their diabetes.

Funding is also being used to screen Aboriginal people living off-reserve for diabetes and its complications.



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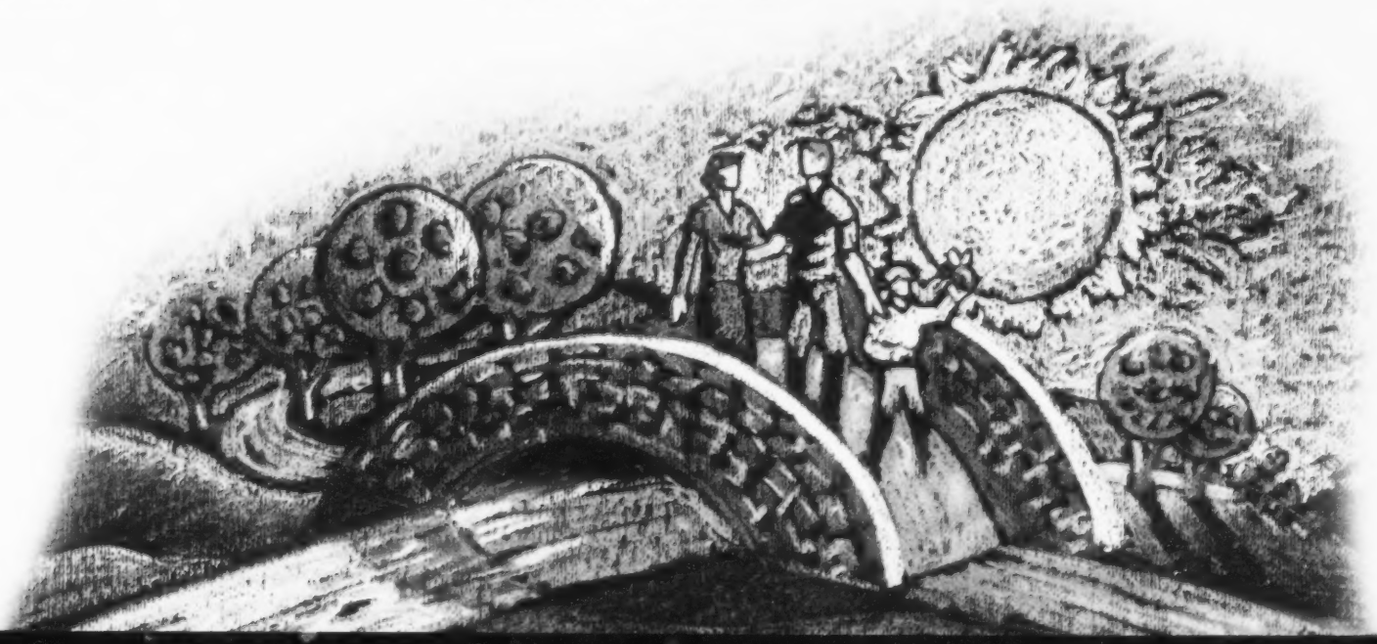
Chronic disease management system

In collaboration with the four western provinces and the federal government, Alberta is leading a chronic disease information management project to help manage care for patients with chronic disease such as type 2 diabetes, hypertension and kidney disease.



3. Improving health care quality and efficiency

Albertans say we need to manage our health care system more efficiently to reduce waste and get the best value for our money. We are committed to improving accountability in our system by reducing costs and duplication and requiring regional health authorities to find more efficient ways to deliver health services.

Albertans must have the assurance their public health care system is being evaluated and improvements are being constantly made.

Increased efficiency can also be found through greater individual accountability. Albertans must be prepared to take more responsibility for their own health, understand how they can make the best use of health services and be aware of what public health care costs.

WHAT WE'VE DONE

Electronic health record leading the way in patient safety

The Alberta Electronic Health Record – the first electronic health record system in Canada – is a clinical health information system that links physicians, pharmacists, hospitals, home care and other providers across the province. The electronic health record stores pertinent patient information online to allow authorized health care providers to access a patient's prescription history, allergies and laboratory test results immediately by computer. The result is more accurate diagnosis and treatment for better, safer patient care.

More than 5,000 health care providers have enrolled in the electronic health record system since it was launched October 2003.

Telehealth

Telehealth allows patients to be examined or monitored as if they were in the same facility as their care providers, through videoconferencing and specialized medical instruments.

Across the province, 21 initiatives are sharing more than $2 million through the Telehealth Clinical Services Grant Fund. These initiatives are helping to enhance paediatric and geriatric care, improve asthma care and provide diabetes programs in rural communities. Telehealth programs also help Albertans receive earlier clinical care in an emergency and increase tele-psychiatry services.

Alberta's telehealth network includes more than 230 telehealth sites across the province, including 25 that offer tele-ultrasound/ radiology services.

New health region structure

In April 2003, the number of regional health authorities was reduced from 17 to nine to provide more effective and efficient health services to Albertans.

New plan for mental health services

Responsibility for mental health services was transferred from the Alberta Mental Health Board to the regional health authorities without disruption to patient care. In May 2004, a comprehensive new Provincial Mental Health Plan was developed to improve the delivery of mental health services in Alberta. The plan was the result of extensive consultation with the public, mental health advocates and providers and will guide all regional health authorities in providing mental health services that are community-based and are integrated with other health services in their regions.

New strategy for ambulance services

Planning began in 2004 for the transfer of ground ambulance services from Alberta's municipalities to the health regions in 2005. This change recognizes that ambulance service is a fundamental part of our public health care system. Annual funding will rise to $55 million in 2005/2006 to support regional health authorities in managing this vital province-wide health service.

New council on health quality

The Health Quality Council of Alberta replaced the Health Services Utilization and Outcomes Commission in February 2004. The new council reports directly to Albertans on the quality and performance of the health care system. The council will identify best practices and review and monitor health care quality, including access, effectiveness, efficiency and patient safety.

A survey commissioned in 2003 by the council found most Albertans give good marks to the health care system. The survey showed Albertans want improvements to emergency services, access to specialists, satisfaction in how complaints are addressed and how patient safety issues are managed.

The council works closely with Alberta's health regions and professionals, liaises with the National Health Council and the Canadian Patient Safety Institute and collaborates with other provincial bodies that address quality and patient safety.

For more information about the Alberta Health Quality Council visit www.hqca.ca.

4. Improving access to health services

Electronic health record leading the way in patient safety

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Health Renewal Plan invests in the future

In June 2004, the Alberta government announced a Health Renewal Plan to provide a $700 million investment to reduce waiting times and improve access to health services.

The investment includes $200 million to eliminate accumulated and projected health region deficits and $500 million for capital funding, including $150 million for capital equipment and $350 million for health facilities.

This investment will increase the number of hospital beds in Alberta's two largest health regions:

- The Calgary Health region will add approximately 125 acute care beds to the Rockyview and Peter Lougheed hospitals and begin the planning and design of the South Calgary Hospital.
- The Capital Health Authority will add about 350 acute care beds and expedite work on the Alberta Heart Institute to allow the facility to partially open in 2005. Planning and design of the Health Sciences Ambulatory Learning Centre will also begin.

4. Improving access to health services

Albertans say wait times for health services is their number one concern. Many people experience long periods of time waiting to be assessed by a specialist, followed by another wait to receive a surgery or procedure.

We have reduced wait times for procedures such as open-heart surgery, but every year about 3,700 Albertans wait five to seven months for joint replacement surgery. Investing in technology can help to cut wait times, as in the case of MRIs, but the demand for these procedures has also increased.

A growing and aging population has created pressure points in our health care system. Our cities and towns are experiencing rapid growth, putting a strain on health services. Over the next few years, 19,000 more people are expected to move to the province each year.

Investments we make now will ease current pressures and help us to better manage our services.

WHAT WE'VE DONE

Access to wait time information

Since October 2003, Albertans have been able to access wait time information for some publicly funded surgeries on the Internet.

The Alberta Wait List Registry shows physicians and patients wait time information on MRIs, CT scans, radiation and chemotherapy treatments, hip and knee replacements, cataract removal, cardiac surgery and other procedures.

Alberta Health and Wellness compiles this information from data submitted by physicians, hospitals and diagnostic clinics across the province.

To review the registry visit the Alberta Health and Wellness website at www. health.gov.ab.ca.

Health care renewal
2000 – 2004 achievements

January 2000
Premier's Advisory Council on Health announced
A 12-member council of health care policy experts, chaired by Don Mazankowski, appointed to recommend new ways to sustain and improve Alberta's health care system.

February 2000
Paying for more physicians
Alberta committed an additional $15 million to add about 170 new full-time equivalent physicians, and $1.9 million for 40 continuing training spaces for specialists and physicians, including eight entry-level seats for international medical graduates.

March 2000
Health Innovation Fund
Funding for 33 innovative projects to maintain and improve the health system by focusing on more efficient and effective ways to deliver health services.

April 2000
Increasing MRI capacity
The addition of four new public MRI scanners for a total of 11, giving Alberta the highest publicly funded MRI capacity in the country.

June 2000
Investing more
- A total of $272.6 million in one-time capital funding for the Capital Health Authority to target wait lists and hospital upgrades.
- 160 acute care beds to be opened at the Royal Alexandra Hospital.
- Renovations to reduce waits for orthopedic and general surgery at the Misericordia Community Hospital and Health Centre.
- Main surgical unit to be expanded at the University of Alberta hospital.

New children's hospital in Calgary approved
An investment to improve access and reduce wait times.

Adding over 500 professionals
Created new training spaces for more than 500 additional physicians, nurses, personal support aides, radiologic technicians and rehabilitation practitioners.

January 2001
Centres of excellence approved
Province to be a national leader in cardiac, bone and joint care, research and education. New centres will provide acute care, including surgery, within the public health system, and will align clinical care with medical research.

April 2001
Health Information Act
Strict and clear rules for the protection of personal health information, including the collection, use, access and disclosure of personal health information between patients, doctors and health care facilities.

July 2001
Chicken pox immunization expanded
All one-year-old children to be vaccinated against chicken pox.

January 8, 2002
Premier's Advisory Council on Health Report
(The Mazankowski Report)
The report, *A Framework for Reform*, proposes 44 recommendations to strengthen Alberta's public health care system.

January 23, 2002
Government accepts the report
All 44 recommendations accepted in principle; action plan developed.

March 2002
Alberta Tobacco Reduction Strategy
Comprehensive strategy to lower smoking rates and protect Albertans from second-hand smoke.

June 2002
Health Services Utilization and Outcomes Commission
Monitors, reports publicly and holds government accountable for the health system's performance and the quality of services offered.

July 2002
Healthy Aging and Senior Wellness Strategic Framework
Strategic framework to enhance the health and wellness of seniors and baby boomers.

December 2002

May 2003
Diabetes Strategy
Prevention and awareness program to reduce the rate of diabetes.

Fight the Bite
Information and surveillance to prevent West Nile virus.

June 2003
Health Link Alberta
24-hour province-wide health advice line has responded to more than one million phone calls.

October 2003
Wait List Registry
Physicians and Albertans use the Internet to access wait time information.

Electronic Health Record
Authorized health care professionals access Albertans' health records through secure electronic database.

November 2003
Tri-lateral Agreement
Eight-year agreement between government, the Alberta Medical Association and the regional health authorities to improve patient care – the first of its kind in Canada.

December 2003
Alberta smoking rates drop
Approximately 100,000 fewer Albertans now smoke since Alberta Tobacco Reduction Strategy was launched in 2002.

January 2004
Health Reform on target
Health Reform Implementation Team reports province is on target for health reform.

February 2004
New council on health quality
A new Alberta council to monitor and report publicly on health care quality and patient safety.

April 2004
Immunization program expanded
All grade nine students to be vaccinated against whooping cough.

May 2004
Regional Shared Health Information Program
Rural health regions now linked to one

Increasing MRI capacity

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Adding over 500 professionals

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August 2000

Mammogram funding expanded

Annual mammograms for women in the high-risk category, age 50-69, to be paid by Alberta Health and Wellness.

September 2000

Health Care Protection Act

Laws and strong rules governing private surgical facilities to protect the province's publicly funded health system.

(The Mazankowski Report)

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July 2002

Healthy Aging and Senior Wellness Strategic Framework

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December 2002

Health region consolidation

Seventeen health regions consolidated to nine to improve access and services.

January 2003

Healthy U

Encouraging Albertans to include healthy eating and physical activity in their lives.

Tri-lateral Agreement

Eight-year agreement between government, the Alberta Medical Association and the regional health authorities to improve patient care – the first of its kind in Canada.

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May 2004

Regional Shared Health Information Program

Rural health regions now linked to one information system.

June 2004

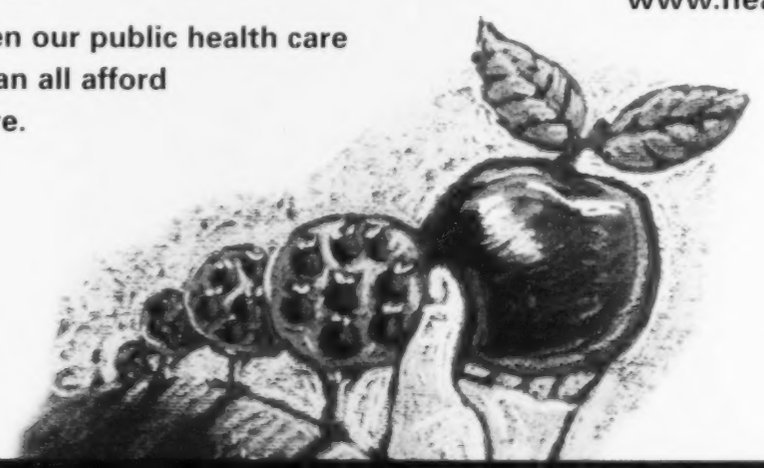
Health Renewal Plan

- $700 million investment to reduce waiting times and improve access to health services.
- Fast-tracking 475 hospital beds in the Calgary and Capital regions.
- Increasing orthopedic surgeries by 1,200 this year.
- Reducing wait times for certain heart surgeries, from nine to two weeks.

Keeping our health care system healthy

Albertans can be assured we will protect and maintain medically necessary services within the public health care system. We will also continue to keep Albertans informed about our progress in making improvements that are needed.

Our goal is to strengthen our public health care system at a cost we can all afford now, and in the future.



For more information:

www.health.gov.ab.ca

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